

# Workplace Safety Checklist

Student's name:  Phone:	Supervisor's name:  Phone:	Work site employer (name of business):   address: <hr/> <hr/>
Teacher Monitor:  Phone:	Work Site Email/Fax: <hr/> <hr/>	
Student signature: <hr/>	Supervisor signature: <hr/>	

**This Workplace Safety Checklist MUST BE completed before you start work.**

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1. I was given an orientation regarding workplace safety.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Hazards and risks specific to this workplace were identified during this orientation.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have reviewed the fire exits and fire drill with my employer.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I know the location of the fire extinguisher and alarm.<br><br>Describe location: _____<br><br>_____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I have discussed WorkSafeBC accident or injury procedures.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I know where the incident report forms are stored.<br>Describe location: _____<br><br>_____             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I have been informed that Personal Protective Equipment IS/IS NOT required.<br>List: _____<br><br>_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I have reviewed worksite policies on dealing with robberies (if applicable).                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| 9. I have requested that I will be trained on any machinery or equipment prior to use.<br>Possibly: _____<br>_____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. When in doubt about how to do something safely, I will ask before I begin.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I have been taught proper lifting procedures/ergonomics (if applicable).  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I have reviewed worksite policies on how to deal with shoplifting (if applicable).                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I have reviewed the generic risks of this job with my employer.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you been made aware of any potential dangers or hazards? Describe: _____<br>_____                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I have been informed of the WHMIS procedures at my Worksite. Describe: _____<br>_____                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I know who I should report workplace hazards / injuries to. Record the name of the person (and department): _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I know where the First Aid Station is located. Describe location: _____<br>_____                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EMERGENCY INFORMATION
First Aid Attendant:
In case of injury: Outline the procedures at your work site if you are injured: Step 1: _____ _____
Step 2: _____ _____
Step 3: Receive first aid and/or be transported to a doctor or hospital, as required.
Step 4: Report to the school immediately.
Step 5: All the necessary forms must be completed and WorkSafeBC contacted within 72 hours of injury. This should be done with your teacher or other school representative.